

## Application Data Sheet

### **Application Information**

Filing Date:: **10/08/03**  
Application Type:: **Regular**  
Subject Matter:: **Utility**  
Title:: **Methods And Devices For Processing Blood**  
Attorney Docket Number:: **96-03**  
Request for Early Publication?:: **No**  
Request for Non-Publication?:: **Yes**  
Total Drawing Sheets:: **8**  
Small Entity?:: **No**

### **Applicant Information**

Applicant Authority type:: **Inventor**  
Primary Citizenship Country:: **US**  
Status:: **Full Capacity**  
Given Name:: **Robert W.**  
Family Name:: **Langley**  
City of Residence:: **Westminster**  
State or Province of Residence:: **CO**  
Country of Residence:: **US**  
Street of mailing address:: **10160 Xavier Court**  
City of mailing address:: **Westminster**  
State or Province of mailing address:: **CO**  
Country of mailing address:: **US**  
Postal or Zip Code of mailing address:: **80030**

### **Applicant Information**

Applicant Authority type:: **Inventor**  
Primary Citizenship Country:: **US**  
Status:: **Full Capacity**  
Given Name:: **Thomas J.**  
Family Name:: **Felt**  
City of Residence:: **Boulder**  
State or Province of Residence:: **CO**  
Country of Residence:: **US**  
Street of mailing address:: **4210 Evans Drive**  
City of mailing address:: **Boulder**  
State or Province of mailing address:: **CO**  
Country of mailing address:: **US**  
Postal or Zip Code of mailing address:: **80303**

### **Applicant Information**

Applicant Authority type:: **Inventor**  
Primary Citizenship Country:: **Belgium**  
Status:: **Full Capacity**  
Given Name:: **Geert**  
Family Name:: **Van Waeg**  
City of Residence:: **Brussels**  
Country of Residence:: **Belgium**  
Street of mailing address:: **Sint-Lambertusstraat 133**  
City of mailing address:: **Brussels**  
Country of mailing address:: **Belgium**  
Postal or Zip Code of mailing address:: **BE-1200**

### **Applicant Information**

Applicant Authority type:: **Inventor**  
Primary Citizenship Country:: **US**  
Status:: **Full Capacity**  
Given Name:: **Marlene Adele**  
Family Name:: **Bainbridge**  
City of Residence:: **Golden**  
State or Province of Residence:: **CO**  
Country of Residence:: **US**  
Street of mailing address:: **16461 West 55<sup>th</sup> Place**  
City of mailing address:: **Golden**  
State or Province of mailing address:: **CO**  
Country of mailing address:: **US**  
Postal or Zip Code of mailing address:: **80403**

### **Correspondence Information**

Correspondence Customer Number:: **23713**  
Name:: **Greenlee, Winner and Sullivan, P.C.**  
Street of mailing Address:: **5370 Manhattan Circle, Suite 201**  
City of mailing address:: **Boulder**  
State or Province of mailing address:: **CO**  
Country of mailing address:: **US**  
Postal or Zip Code of mailing address:: **80303**  
Phone number:: **303-499-8080**  
Fax number:: **303-499-8089**  
E-Mail address:: **winner@greenwin.com**

### **Representative Information**

Representative Customer Number:	<b>23713</b>
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